

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/		/		
2	/		/				52		/		/		
3	/		/				53		0		/		
4	/		/				54		0		/		
5	/		/				55	/		/			
6	/		/				56		/		/		
7	/		/				57	/		/			
8			/				58		3		/		
9		0	/				59		0		/		
10		0	/				60	/		/			
11		0	/				61		/		/		
12	/		/				62		2		/		
13	/		/				63		0		/		
14	/		/				64		0		/		
15	/		/				65	/		/			
16	/		/				66		/		/		
17	/		/				67		2		/		
18	/		/				68		0		/		
19	/		/				69		0		/		
20	/		/				70		0		/		
21	/		/				71		0		/		
22		0	/				72		0		/		
23		0	/				73		0		/		
24		0	/				74	/		/			
25		0	/				75		0		/		
26	/		/				76	/		/			
27	/		/				77	/		/			
28	/		/				78	/		/			
29	/		/				79	/		/			
30	/		/				80			/			
31	/		/				81			/			
32	/		/				82						
33	/		/				83						
34	/		/				84						
35	/		/				85						
36	/		/				86						
37	/	0	/				87						
38	/	0	/				88						
39	/	0	/				89						
40	/		/				90						
41	/		/				91						
42	/		/				92						
43	/	3	/				93						
44	/		/				94						
45	/		/				95						
46	/		/				96						
47	/		/				97						
48	/	0	/				98						
49	/		/				99						
50	/		/				100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL							TOTAL CLAIMS						